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THE HOSPITAL BULLETIN

OF THE UNIVERSITY OF MARYLAND

Vol. XII

BALTIMORE, MD., MARCH 15, 1916

No. 1

THE ONE HUNDRED AND TENTH
ANNUAL SESSION

OF THE

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PHYSICIANS AND SURGEONS

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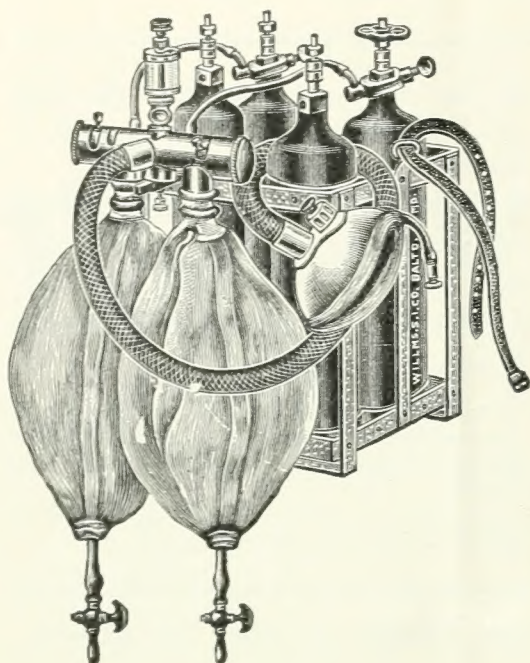
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MARCH 15, 1916

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Vol. XII

BALTIMORE, MD., MARCH 15, 1916

No. 1

MEMORANDA FROM MALARIAL SURVEYS AND DEMONSTRATION WORK.*

By HENRY R. CARTER, M.D., Class of 1879,
*Asst. Surgeon-General at Large, U. S. P. H. S.,
Baltimore, Md.*

These two memoranda of observations made during malarial work last summer may be of interest to those engaged in anti-malarial work in the South.

I. SAWDUST AS A MATERIAL FOR FILLING.

At Electric Mills, Miss., a sawmill village in the "flat-woods," the condition was this: The surface was flat, the ground was impervious to water, and there were many shallow depressions and much hauling. When one road became full of holes and ruts it was abandoned and another one made close by. The result was that in addition to the natural depressions holding water there were many holes and deep ruts holding water until it evaporated and breeding anopheles in the abandoned roads. There was nowhere to drain these to and filling with earth was not satisfactory: (1) It was expensive; (2) unless one took much pains and had considerable judgment he left a hole wherever he got his filling, and (3) if the filled road was used again the newly-placed earth would give way and the road soon become as bad as ever and hence again abandoned and breeding. We advised filling with sawdust and bark trash.

The material was abundant and in the way. A load was much larger in cubic contents than a load of earth, and hence went further and was on both counts much cheaper than dirt for holes close to the sawmill. It left no hole when taken from the pile and made a fairly permanent fill, as driving over it did not displace it or make holes or ruts in it—its elasticity preventing.

Also, as we found that the stream of water receiving the drainage from the large sawdust pile did not breed mosquitoes for a long ways down, we believed that, at first at any rate, the water that might stand on or around the sawdust fill would not be suited for breeding anopheles. Economic and mechanical features were, however, the principal factors. The results were good, and well, I believe, be practically permanent.

The writer has quite frequently seen places where the use of sawdust and mill waste for this purpose was the only feasible method of remedying conditions of mosquito breeding. For instance, at Newbern, N. C., there were, in 1913, two extensive depressions, Duffy's field and Richardson's pond, breeding anopheles profusely, which it was stated could not be drained, being too close to tide level. There was practically no earth available for filling, the city being low and flat, and to bring it in by rail would be very expensive. There were, however, a number of very large sawmills in Newbern close to the places mentioned, and thousands of cubic yards of mill waste and sawdust were burned to get rid of it each year, enough, I think, in one year to fill both places. Several other towns and villages could

*Reprinted from the Southern Medical Journal, September, 1915.

also be named where mill waste can be thus used to good advantage.

Independently of its convenience, the writer counts it, except clean sand and gravel, cinders, etc., the best of all fillings for this purpose. It should, of course, be heaped up a little above the level—the depression overfilled—to allow for settling.

II. INDUSTRIAL COMMUNITIES.

The writer has had much better success in getting anti-malarial work done in industrial communities in which the bulk of the population is engaged in a few large industries than in the ordinary commercial town with diversified occupations and interests. One reason for this is that the managers of large interests, who must finance such work, are business men who have sufficient prevision to see the ultimate economic advantage of sanitation and are accustomed to spend money for a sufficient return in the future, while the ordinary town council of small towns is not accustomed to spending money which does not give an immediate materially tangible return—and for that grudgingly. The one is willing to spend a dollar to secure more than a dollar's worth, the other hates to spend a dollar independently of what the return is. I must say, however, that many of the managers of industrial plants, and especially those I am purposing to instance, have been actuated by a sincere desire to benefit the community. With some the comfort, health and good appearance of the "mill village" was a matter of much pride. Still, they themselves lay stress on the *economic* advantage of anti-malarial work.

This, indeed, was the factor which dominated the sanitation of the Canal. The motive of the Sanitary Department was not primarily humanitarianism. *It was to prevent loss of efficiency from sickness of the force working to build the Canal.* The Canal Zone was a typical industrial community with only one manager—the United States Government.

Electric Mills is a village of about 900 or 1000 people, most of whom are connected directly or indirectly with a large lumber plant. The natural obstacles to sanitation, I speak only of malaria, are very great. The land is flat; it is low lying and it is impervious to water; so that water will neither run off nor soak in, and in May, 1914, it stood in many pools, big and little, breeding anopheles. The malarial index of practically the whole population taken last spring, before the

flight of anopheles had begun, was approximately 12 per cent. This represents the proportion of carriers *who came through the winter* as such, and was indeed rather less than that proportion, as some people had recently taken full doses of quinine—30 grains per day—and naturally gave negative blood smears. It was unquestionably malarious.

The work to be done was planned, mainly by Le Prince, Sanitary Engineer, United States Public Health Service, put in writing and explained to the manager of the plant and to Dr. Champenois, who had direct charge of the sanitation. It was gone into in much detail, and to carry it out involved much careful work and considerable expense. The manager undertook to do it, saying: "If it will do what you say, it will pay me in increased efficiency of my hands, and if it don't I'll do it anyway."

Le Prince visited the place in September and found the work well carried out. Champenois sends a chart showing a greatly improved condition. The number of cases of malarial fever fell steadily from June, when the work was begun, reaching its lowest in September, instead of rising as in previous years. This in spite of a higher rainfall this year than normal in every month after June and nearly as much in May and June. The number of cases per unit for August and September, 1913, were 25 and 18, as compared with 8 and 6 for 1914. It was 68 in September, 1912. The highest number for 1914 was 14 in April, due to the relapses from last season, so common on the advent of the first warm weather.

Prior to this a great improvement had been produced over previous conditions by the work of Dr. Champenois—an enthusiastic and efficient sanitarian—begun in September, 1912, and it is the more creditable to the work of 1914—also carried on under his direction—that it made so great a reduction from the already reduced morbidity of 1913.

The results for 1915, with the elimination of a number of relapsing cases, should be still better. The blood index has been taken for April, 1915—before the flight of anopheles—but not yet reported.

At Roanoke Rapids the result is even better. In the fall of 1913 the writer and Dr. von Ezdorf visited this place, in September and October, respectively, and found it breeding anopheles in great numbers. The reports of the physicians,

an appearance of the people and malarial index taken by von Emdorf, showed much malaria. The condition to be remedied was nothing like as difficult as at Electric Mills, as there was plenty of slope. Here, too, the managers of the industrial plants took up the work. The mayor of the town was fortunately both a business man and an engineer, and the mill physician and health officer, Dr. Long, was enthusiastic and energetic. All these men, however, seemed to be actuated rather by altruistic than by economical motives. The work was planned last fall (1913). \$3500 was raised by the three mills, and the Power Company and the work was started. This was increased later from other sources to \$3804. Le Prince inspected and advised about it in June and again in September. He states that the place was practically free from anopheles and anopheles larvae. A blood index taken in October by von Emdorf and Derivaux gives 4.48 per cent. only, as against 14 per cent. in 1913.

The health officer, Dr. Long, who in no small degree is responsible for this work, writes: "As compared with last year, the diminution of the number of people who had malarial attacks was only 16 $\frac{2}{3}$ per cent.," but of these he judged 95 per cent. to be recurrences of old infections. There was a great diminution in the severity and in the number of attacks, so that the inefficiency ratio in September, when it is highest, was judged to be from 4 to 5 per cent. as compared with 40 to 50 per cent. last year. The improvement in general health and well-being is very great. As an investment, even, the money expended has paid. Next year, as much of the work done is permanent, the expenditure will be for maintenance only, and much less, and the diminution in the number of people having malaria will continue and increase in ratio. The health officer thinks that this place is practically free from malaria from this time on, and I judge this is true. Some excellent work was done here, especially in the utilization of industrial waste as a larvacide.

These two instances are given simply to illustrate the advantage of working in an industrial community. At Electric Mills the work was difficult and expensive, and I would not have advised it being attempted had the village been the ordinary one of various interests and avocations. I would have advised the people to move away. At Roanoke Rapids the work was plain enough, but

very extensive, *i. e.*, covered much ground in proportion to the population, and I am sure would never have been carried to success had it not been in industrial town. A residential town in South Carolina was visited this summer, and the work needed for its malarial sanitation carefully planned and explained. The problem was on the same lines as that at Roanoke Rapids, but a far easier one. Yet the State health officer tells me that nothing has been done there, or will be done, except by one institution in it.

This note is given so that sanitarians may know what communities are most apt to avail themselves of their help—to profit by their advisory work.

SANITARY PREPAREDNESS.*†

By SURGEON-GENERAL RUPERT BLUE,
*U. S. Public Health Service, Washington,
D. C.*

Every century has its keyword which crystallizes its dominant idea, and as the thoughtful student reads the history of human progress he is able to discover each. Thus we find that while the keyword of the eighteenth century was freedom, and that of the nineteenth century invention, so the elemental thought of our time is efficiency. We see it everywhere; in business, in education, in government, and last of all in human life itself. Yet it is only very recently that we have awakened to the realization that upon the physical efficiency of man depends to a great measure all other forms of efficiency in human endeavor. We have passed through much travail and bitter sorrow to accomplish this, and out of the sadness of the European war we have learned of that other form of efficiency, "preparedness"; preparedness for the maintenance of peace and for self-protection when conflict becomes inevitable. The public prints are filled with demands and arguments for a larger armament and for a larger body of trained fighting men, both ashore and afloat, but as yet little emphasis has been laid on the necessity for a healthy citizenship from which to draw the men who are to form our military force. It is of far greater importance, however, to maintain a nation of strong, physically-

*Public Address, Southern Medical Association, Ninth Annual Meeting, Dallas, Texas, November 8-11, 1915.
†Reprinted from the *Southern Medical Journal*, January, 1916.

fit citizens for the pursuits of peace. War, as a rule, comes but once in a generation, and necessary though it may be to make provision against it, it is far more essential that we as a people be physically prepared for the normal condition of peace. An able-bodied, vigorous society, clothed in the armor of hygienic knowledge and fortified by adequate sanitary defenses, is equally able to withstand the shock of arms and the continued strains of the occupations of peace. This is sanitary preparedness.

It should be borne in mind, however, that the sanitary preparedness of a nation means not only the health of the fighting units, but of the mothers who are to bear them, and of the civilians upon whom, both in time of peace and of war, the military forces must depend for food and clothing and the weapons with which to fight. Community health is, therefore, the all-important prerequisite, and in order that we may have military preparedness we must first of all have sanitary preparedness.

It has been said that 20 ships of the line in commission would have prevented the disastrous war of 1812. Similarly, many of the military expeditions of our country would have been unnecessary, or would have had a totally different outcome, had our people been maintained in physical condition to resist disease, and, what is more important, if they had had the sanitary education which would have enabled them to avoid contracting disease. It may truly be said that the fate of kings and nations has frequently depended upon so minute a thing as the typhoid bacillus, or the plasmodium of malaria. We are able by the use of typhoid vaccination to control the one, and by anti-mosquito measures to prevent the other, but just so long as typhoid fever exists among the civilian population, chronic typhoid bacillus carriers will continue to be created, and while the anopheles is permitted to breed and multiply our armies will be in danger from malaria. Until the people of our country have learned the lessons of sanitation it will not be possible to eliminate either disease, or to maintain a citizenship, the great bulk of which is physically fit.

Calamities are not always unmixed evils. Some are blessings in disguise, in that they serve to fix public attention on a civic weakness. The outbreak of plague at San Francisco in 1907 attracted the attention of the public to the urgent need of sanitary reform, and in that way reacted to the

benefit of the people. Unfortunately, it seems as though the human race can make sanitary advance only through the bitterness of previous experience, and it is very difficult in the absence of the threat of epidemic to arouse much interest in sanitary betterment.

Unconsciously we have been striving toward that end. The decade in which we live has witnessed the growth and expansion of all of the health forces of our country. The body of the sanitary laws has been revised, amended and extended. Appropriations for the prosecution of sanitary measures have been increased. The sanitary propaganda has been carried to every portion of the United States, and we see men of high attainments adopting the profession of sanitation as a life work. The collection of morbidity and mortality statistics has but impressed upon us the necessity for increased work along these lines. The investigations into the causes of communicable diseases and the evolution of the means of their control have been such that many of the major pestilences have almost been relegated to oblivion.

A careful study of the morbidity and mortality reports shows, however, that deaths and disabilities from the commoner diseases, either directly or indirectly, still continue at a high rate. Heart diseases head the list of the principal causes of death. A study of the records of the recruiting officers shows that heart diseases also lead the list of causes of rejection. Of the recruits examined in the fiscal year ended June 30, 1914, over 13 per cent. were rejected by medical officers, nearly 85 per cent. of the rejections being for physical and mental causes. Over 12½ per cent. were on account of heart disease, and at least 50 per cent. of the rejections were from wholly preventable causes. These were voluntary enlistments in time of peace, and it is not at all improbable that rejections would occur at a much higher rate if the nation were at war.

As an index of the physical condition of a part of our civilian population, the results of the physical examinations made during the fiscal year ended June 30, 1914, by officers of the United States Public Health Service may be taken. Nearly 6 per cent. of the total number examined were rejected, and in the case of the examinations for enlistment in the Coast Guard Service, 15.6 per cent. failed of passage. A large proportion of the causes of rejection may be traced to the so-

called inevitable diseases. When we realize that practically all of the diseases of childhood are preventable and entirely unnecessary, and when we put that knowledge into practice, we witness an enormous decrease in heart disease, rheumatism and nephritis. It will be found, also, that deafness will be less frequent, and that defective vision will be diminished.

A great trial of arms takes the most physically fit out of the community. It leaves behind the weaker elements, part of whom must be supported by the strongest left behind, who, in addition, must support the men who are at the front. Man is an animal of slow growth and relatively long life. It will, therefore, take time to eliminate the weaklings in order that they may not be a factor in the reduction of the efficiency of our nation.

Sanitary preparedness may be defined as the maintenance of the body of man on a war footing against disease. The chief purpose of sanitary preparedness is to insure national health, and the agents directly concerned in promoting this condition are the Federal, State and local sanitary authorities. These are the official organizations created and supported by the statutes of the States and nation, but there are many voluntary associations that are doing valuable work in public health. Conspicuous among these unofficial bodies may be mentioned the American Medical Association, the Southern Medical Association and the American Public Health Association. There are many others too numerous to mention. One of the most striking things in this picture is the way in which these various organizations have co-ordinated their efforts so as to secure the greatest amount of concentration upon the individual problems.

A careful review of the activities of the State and municipal boards of health discloses the interesting fact that they are co-operating to a degree never known before. The work has been so arranged as to avoid overlapping, and municipalities are acquiring a pride in handling their own sanitary matters, while the State assists with experts for the solving of special problems. Of course, the function of the State boards of health is to maintain a proper working relationship between the various counties, and to this end educational propaganda have been launched, and where there are problems which concern more than one county, the State has rendered every assistance in its solution. In a similar way the

function of the Public Health Service is to maintain a sanitary equilibrium between the States. Since the National Government controls commerce between the various States, it is its duty to prevent the States from taking harm through this commerce. Therefore, the most important duty which the Public Health Service has to perform is the prevention of the interstate spread of disease.

Not only must the Public Health Service prevent the internal spread of disease in our nation, but it must also prevent its importation from abroad. Thus we have in our own country a national system of sanitary preparedness. It is, of course, impossible to advance and improve the methods of discharging these functions without additional knowledge, and to this end the National Government carries on extensive research operations in the various branches of sanitary science. This function should be extended and expanded. State and municipal boards of health should not be obliged to undertake research problems for which they have not the time, the apparatus nor the appropriations. Thus, in my opinion, is a function which should be discharged by the General Government, leaving to the State and local health authorities the administrative functions. Thus we will have strong official bodies for the protection of our citizens en masse. It must be realized, though, that there can be no neutrality in a war against disease. Every individual has his part to play, and unless he maintains his individual physical health, the collective health will suffer. The maintenance of sanitary preparedness is, therefore, no less the duty of the individual than it is of the community. The question that comes then is how this end is to be accomplished. We have made great advances in this direction, but I believe that in the future we must lay greater stress upon the individual, bearing in mind that over 50 per cent. of our population lives in the country and follows agricultural pursuits. This means that fully half of our people do not have those benefits of community existence which are extended to the urban dweller. If the rural dweller is to secure a good water supply, if he is to properly dispose of his wastes, he must do it himself, since he does not have the protection afforded by the employees of the community. Since the country dweller lives a more or less isolated existence, it is possible for him to acquire insani-
tary habits which may not always be followed by immediately disastrous effects. The city dweller

has learned more about taking care of himself, and despite the fact that he, as a rule, is less vigorous, he better withstands the vicissitudes of military service, because he has learned how to care for himself in the crowd. The soldier lives in close contact with other men, against whose diseases he must protect himself. The city dweller is able to safeguard himself, because he has learned the value of sanitary environment.

The first step in the creation of sanitary preparedness is to teach the citizen the value of a sound body. It is all very well to inculcate the lessons of the avoidance of the various specific diseases, but until we have made the citizenship really believe that the body of a man is a personal and a national asset we have not laid the basic foundation for sanitary education and the development of the individual and the community sanitary conscience. It is not altogether easy to teach so convincingly that the layman will appreciate these things. It must come in many ways. If upon the plastic mind of the school child the simple truths of sanitation are impressed, we will gradually create a people in which sanitary living is a habit. If by child hygiene we produce better and stronger men and women, these in turn will bring into the world stronger children, because they will have learned that mating with the weak and defective produces weak and defective children. Thus we will have a practical eugenic betterment.

While I believe that we should now endeavor to do more in the way of individual improvement, we should not, as a profession, neglect our public health duties in their broader sense. The Public Health Service has been endeavoring to assist the State boards of health in raising rural sanitary standards, and to this end has selected certain counties which have been put in good sanitary condition as models for the rest of the State.

I do not think it necessary in this connection that I should discuss with you the trite questions of the medical inspection of school children, the whole-time health officer, diet, exercise, and the other thousand and one things on which we are practically of one mind. The impression which I desire to leave in your minds is that if America would avoid decay and retrogression, if she would be ready for the supreme trial of strength when the hour of calamity comes, she must maintain her sanitary defenses at all times. The sane and healthy nation, the republic of healthy minds in

healthy bodies, adding by its labors, uninterrupted by disease, to the material and spiritual welfare of the world, is prepared alike for the pleasant times of peace and the stern realities of war.

As a parting word I will request you to support your State Board of Health in securing adequate sanitary laws and adequate funds for this great work.

VIEWS ON THE TONSIL QUESTION.*

By J. T. HENNESSY, '16.

Our ignorance regarding the function or functions of the tonsil is constantly becoming more evident, because of the increase of our knowledge regarding the functions of many of the other organs of the body, and because in the last 20 years some of our organs previously unknown have been revealed.

It is natural that in the absence of any certain knowledge of the function of the tonsil a great deal of speculation regarding it should have been indulged in. It is also probable that our ignorance of the function of the tonsil has made us more prone to hold the tonsil responsible for a great number of pathological conditions in the body, particularly during this period of very active study of the phenomena of infection and immunity, and of the internal secretions. The tonsil has been blamed or held responsible for many conditions when no other diagnosis could be made.

The laryngologist is menaced by the same ogre regarding the tonsil and some possible useful function as the surgeon is of the appendix.

For many years the belief was held that the tonsil acted as a barrier to infection, and in this way served a very useful function. The trend of opinion in the past decade, however, is just the opposite, and there is scarcely a disease to which flesh is heir that the tonsils have not been held responsible for. No one questions the removal of obviously diseased tonsils or tonsils which are subject to recurring attacks of inflammation. It must be obvious, however, that the present generation is unusually subject to tonsillar disease, or that many tonsils are being removed because of the belief that they are or may be a source of trouble.

There are some men who advocate that all

*Read before the Randolph Winslow Surgical Society, February, 1916.

tonsils should be removed for the sake of prevention, just as we all agree on vaccination. The first statement is, in the estimation of most men, too radical.

In a given case are the tonsils diseased or not? If diseased, they must be treated; if not diseased, they should not be maltreated.

It is unquestionably true that the irregular nodular surface of the tonsil, with its numerous crypts, forms a suitable abode for lodgment of bacteria, and in the infectious processes involving the upper respiratory tract tonsillar involvement becomes a serious complication. The open lymphatic network gives free access to the absorption not only of pathogenic bacteria, but also of the toxins produced by them.

Even in epidemic influenza, the disease which is now invading our country, tonsillar and peritonsillar involvement is quite common, the inflammatory process usually ending as a suppurative process with tonsil or peritonsillar abscess. In some cases the peculiarity of the tonsil or peritonsillar abscess is that for several days during the attack and afterwards there is that peculiar raspy throat, sensitive yet not markedly swollen, with localized spots of apparent infection. Even after the general symptoms have abated, suddenly there will flare a suppurative inflammatory process. The glandular involvement following a case of grippe seems to be much more marked than in the ordinary suppurating type of tonsil.

The tonsil's lack of resentment to injury is a peculiarity not shared by any of the actively functioning structures of the body. One can destroy by means of the actual cautery a large area in an hypertrophied non-adherent tonsil without producing either local or general reactions of moment. On the other hand, infectious processes in the tonsil produce general reactions as exemplified by high temperatures and prostration, quite out of proportion to the extent of tissue involved.

It is only a comparatively few years back when the textbooks spoke of no other disease than of hypertrophy of the tonsil. At the present time we recognize that hypertrophy is but one and by no means the most important of the indications for the removal of the structures. An hypertrophied tonsil itself is not sufficient grounds for its removal, but, on the other hand, we often see weak and puny children with hypertrophied tonsils who, after their proper removal, become

healthy and strong, and sometimes even more mentally alert.

As the result of microscopic examination of the tonsils, primary tuberculosis is said to occur in about 5 per cent of the cases in which the tonsil is hypertrophied. In the majority of cases this is an incidental finding.

In young children, however, pathological conditions of the tonsils are generally manifested by accompanying overgrowth and consequent obstruction to respiration with resultant symptoms. Thus we observe the characteristic facies of the mouth breather, the snorting respirations, especially at night, with accompanying night-mare or night horror. The child, from deficient oxygenation, becomes pale and languid. Frequent sore throats are also a usual accompaniment. Children with large tonsils are also generally supposed to be more subject to the contagion of diphtheria and scarlet fever. This cannot be positively proven, but such seems to be the result of observation. It is certain that children who have large tonsils suffer more from the throat conditions which prevail in these conditions, and are very much more apt to develop ear complications or suffocative symptoms.

A second very serious indication for the removal of tonsils in children is the occurrence of infections of the cervical lymph glands.

The tonsil has long been recognized as a portal of entry in tuberculous cervical adenitis, but it probably isn't generally appreciated how frequently the tonsil is the source. Consequently, many cases have been subjected to from one to three operations upon their cervical glands, which were probably reinfected from the tonsils. Doubtless many others would have had a recurrence except for the fact that the very extensive operations upon the cervical chain of lymphatics destroyed all channels of infection.

In many cases a question frequently asked by parents when their children have enlarged cervical glands is whether the glands will subside if the tonsils are removed. In many instances they do disappear following tonsillectomy, but unfortunately in far too many instances the damage has already been done, and the removal of the source of infection has no result on the glands which have been involved. Even when the swelling goes down following the operation, small nodules are left which subsequently enlarge and frequently go on to suppuration. However, tonsillectomy is imperative in these cases.

even if the external removal of the glands is subsequently necessary.

It is in this class of cases as in those to which I will refer to next that the tonsils are not necessarily hypertrophied. They are, on the other hand, sometimes hidden behind the pillars, frequently very small, but ragged, cryptic, and on examination full of caseous material.

It is probably in this type of tonsil more than in any other there is a difference of opinion as to the real purpose or function of the tonsil. One group claims that they are in reality lymphatic glands with definite or special duties to perform. The other group claims that their chief duty is to act as a collecting agency for germs and poisons, brought to them through the lymph and blood streams, or they may enter the tonsils direct from the mouth surface.

Micro-organisms and their toxins coming in by way of the lymph and blood streams migrate chiefly from the air chambers of the nose and from that respiratory cesspool, the nasopharynx. In every case of tonsil hypertrophy or infection the nose, accessory sinuses and nasopharynx should be carefully studied.

If the tonsils could imprison, kill or render inert all the micro-organisms migrating to them, all would be well, and we could endure the transitory discomfort from the symptomatic sore throat attendant upon the conflict, but, unfortunately, the fighting strength of the tonsil is weak and the battle overflows into surrounding territory, giving rise to swollen glands in the neck and to remote disturbances, such as increased fever, headache or acute rheumatism and its attendant dangers.

As to the rheumatic group of infections, there can be no doubt that the tonsils play the most important role in their occurrence. In them we comprise not only the muscular and arthritic rheumatism, but organic lesions of the heart from acute infection and chorea. As was cited in the clinic, nephritis, but more particularly pyelitis, in children is similarly frequently of tonsillar origin. First we have the tonsillitis, then joint involvement, then endocarditis, and as a result of one of the small vegetations being washed off and carried by the general circulation until it finally lodges in an end artery anywhere and in any organ. This is seen particularly in the kidney.

Although in adults the importance of the role of the tonsils in cardiac and nephritic disorders

is now quite fully recognized, the association in children until recent years has been somewhat neglected.

Hence we could include as the third class of cases in which removal of the tonsil is necessary the so-called autotoxemias in which the tonsils serve as the nidus for the infection or the portal of entry for the infection. Foremost in this group, then, would be tubercular and rheumatic infections.

Many, if not most, of the cases of tuberculosis of the lungs in children, according to F. B. Packard of Philadelphia, can be traced to the presence of diseased tonsils, the tubercle bacillus having been frequently demonstrated in the tonsillar crypts.

Woods says he believes 90 per cent. of cases of tubercular cervical adenitis show involvement of the tonsil. In young children without demonstrable lesions elsewhere at the time of their original operation who later have metastasis in bones, joints, meninges, lungs, larynx, and especially the intestines and mesenteric lymph glands, the infection should be directly charged to failure to remove the tonsils.

Gibbons says that the disease is usually primary in the glands, the lungs being generally free until late in the course of the disease, and further says, in corroborating Woods, that when not treated by removal of the glands, lungs, intestinal and cerebral involvement is common.

Recurrence or recrudescence in the cervical lymph glands of infection may be due to either one of two causes—the incomplete removal or failure to remove the tonsils.

The latter has shown that the tubercle bacillus can pass through the tonsil under certain conditions without producing a lesion and find lodgement in the cervical lymph glands. An apparently healthy tonsil, then, does not prevent the passage of virulent tubercle bacilli.

Autopsies have shown some very striking facts. In citing one of several cases it revealed general miliary tuberculosis of the spleen, liver, mesenteric lymph glands, etc., undoubtedly resulting from an old tuberculous right tonsil.

It is now generally considered that all enlarged cervical glands are tuberculous when the tonsil on the same side is found tuberculous on removal.

Tonsils that appear normal may have microscopic tubercles.

The tonsil should be suspected as the atrium in

cases of tuberculous tonsils, except those cases that have demonstrable lesions about the head and neck. Infection through the tonsil or infection by extension from infected tonsil. Early removal of a tuberculous tonsil frequently induces absorption of glandular involvement and prevents or reduces the frequency of further systemic infection.

In conclusion, a few words should be said about the localized indications for the removal of the tonsils, such as obstruction to breathing, sore throats and suppurative and non-suppurative diseases of the ear. The relationship is in these cases so obvious that the recognition of the indication is an easy matter. We must not forget the fact that, beginning in the tonsil, infection can produce the mentioned ear conditions, and by extension a mastoiditis, and sooner or later, probably because of the nature of the infection, a fatal meningitis and death.

A meeting of the Baltimore County Medical Association was held at Mercy Hospital Wednesday, February 16. Mercy Hospital is one of the hospitals connected with the University of Maryland and the College of Physicians and Surgeons, and is conducted by the Sisters of Mercy, hence its name. It is located near the center of Baltimore, and has about 360 beds, which are distributed in public wards, private wards and private rooms. It is an open hospital, permitting reputable physicians and surgeons to treat their patients in the private rooms and private wards. During the past year there were treated in all departments 17,396 patients, 5,064 of whom were house patients. The charity work of the hospital during that period was 70,000 hospital days.

The program was most interesting, and was as follows:

Genito-urinary Cases—Dr. A. G. Rytina.

Medical Cases—Dr. W. F. Lockwood.

Allen Treatment of Diabetes—Dr. Julius Friedenwald.

Neurological Cases—Dr. A. C. Gillis.

Case of Patent Urachus—Dr. Emil Novak.

Nose and Throat Cases—Dr. W. C. Stiffler.

Cysts of Neck—Dr. W. D. Wise.

Surgical Cases—Dr. Alexius McGlannan.

Eye and Ear Cases—Dr. Harry Friedenwald.

Surgical Cases—Dr. A. C. Harrison.

Percey Cautery—Dr. W. S. Gardner.

Surgical Cases—Dr. J. W. Chambers.

Prof. R. Winslow was also present, and made some remarks on the diagnosis of dislocation of the shoulder.

A buffet luncheon was served at the hospital to the members of the Baltimore County Medical Association at 2 o'clock P. M.

The Third Annual Banquet of the Delta Mu Chapter of the Omega Upsilon Phi Fraternity of the University of Maryland and the College of Physicians and Surgeons was held at the Emerson Hotel Wednesday evening, March 1. Dr. G. Milton Linthicum acted as toastmaster. The speakers were as follows: Dr. John C. Hemminger, Hon. J. Charles Linthicum, Dr. Arthur M. Shipley, Dr. J. M. H. Rowland, Dr. John D. Blake, Dr. L. E. Neale, Dr. C. A. Clapp, Dr. W. B. Perry, Dr. Randolph Winslow, Dr. T. B. Martin, Dr. C. W. Mitchell, Dr. C. Carroll Lockard, Henry L. Bolen.

The officers are: Roy S. Melroy, senior master; J. Thoner, first junior master; F. J. Bamfield, second junior master; W. V. Kirk, scribe; M. H. Porterfield, chancellor of exchequer; H. Claiborne, conductor; C. Burrows, priest; E. M. Carlin, guard; W. J. Dillon, master of ceremonies; D. E. Fay, chapter editor.

The committee in charge of the banquet was composed of the following: Roy S. Melroy, T. E. Brown, M. H. Porterfield, Lee H. Knapp, D. E. Fay, W. J. Dillon, W. F. O'Malley.

Dr. Roy R. Kerkow, class of 1915, is located at Rainier Boulevard and Fifty-seventh avenue South, Seattle, Wash. He is associated with Dr. Joseph L. Hutchinson. Dr. Kerkow has just located there, and would be pleased to hear from any of his classmates and friends. THE BULLETIN wishes him much success.

We are in receipt of a letter from Dr. Lawrence G. Clayton, class of 1878, of Central, S. C., in which he says he has been doing missionary work in connection with his practice. He says: "I am pleased to note the advancement made in the school. I also think that the two colleges merging into one will be best for both. You have an able faculty. When I read THE BULLETIN I am reminded of Chas. M. Miles, Howard, Chew, M. DeBurger and others. These men were at the University when I was there. Good men. Peace to their ashes!"

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, MARCH 15, 1916.

DEATH OF DR. G. LANE TANEYHILL.

It is with great regret that we announce the death of Dr. G. Lane Taneyhill, which occurred on the 2d of this month. Dr. Taneyhill graduated at this University in 1865, and was a highly esteemed and loyal alumnus. He took great interest in all that concerned the Medical School, and was an active participant in the preparations for the great centennial celebration that was held in May, 1907. He was a prominent figure at the meetings of the Medical Alumni Association, and was usually chairman of the committee of arrangements. How well we remember his cheery summons to the various annual banquets, which he designated as "very recherché"! He was a man of infinite detail, and he delighted to do those things that others could not, or would not, do so well. He was a typical family doctor, one who devoted his time and abilities unsparingly to the welfare of his patients. In the local medical societies, and especially in the Medical and Chirurgical Faculty, he was a prominent figure, and was seldom absent from the regular meetings. For 12 years—from 1882-94—he was secretary of the Medical and Chirurgical Faculty, and was a most efficient officer. He was an authority on parliamentary procedure, and his decision was usually accepted as correct. During the Civil War he was an acting assistant surgeon, though he had not graduated at that time, and he took great satisfaction in his experience gained during that period. Withal, he was a kindly man, who loved his fellows and walked humbly with his God.

THE SAINT CLAIR SPRUILL FUND.

The late Dr. St. Clair Spruill was appointed a resident physician in the University Hospital in 1891. He filled satisfactorily the various grades in the hospital service from the lowest to the highest, and was for five or six years medical superintendent. Subsequently he was elected professor of clinical surgery and one of the visiting surgeons to the hospital. His rise in his profession was rapid, and he soon became a prominent and successful surgeon in this city. He was absolutely a product of the University of Maryland, and he recognized his indebtedness to the institution that had given him his training and his opportunities. Suddenly stricken with a mortal illness in June of last year, he left a legacy of \$2500 for the use of the hospital. This sum, less the collateral inheritance tax, has been paid, and is now in the custody of the Trustees of the Endowment Fund. It will be allowed to accumulate until it reaches a sufficient amount to endow a bed or serve some other permanent purpose.

THE NORTH CAROLINA SURGICAL CLUB.

The North Carolina Surgical Club visited the University Hospital on March 2 and was present at special clinics held by Professors Winslow, Shipley and Hundley, at which a number of important operations were performed, such as cholecystectomy, choledochotomy, hysterectomy and amputation of breast. Drs. Robert P. Bay and Fred Rankin also held clinics at the same time, but there was such an embarrassment of riches in clinical material that it was impossible for the visitors to see all that was offered them. Mr. Harry Warfield, manager of the hospital, served a delightful luncheon after the clinics. The visitors expressed themselves as being greatly pleased with their cordial reception and entertainment. They left in the evening for Pittsburgh, and will also visit Cleveland, Chicago and Cincinnati.

A PLEA FOR A CONJOINT BANQUET.

For a number of years it has been the desire of a number of the most loyal supporters of the University of Maryland to have a joint graduation banquet rather than the picayunnish departmental affairs. They advance the argument in favor of the proposition that the University of

Maryland has long since passed the day of the isolated department and that now we are a university as well as a college. Therefore, everything tending to propagate the idea of unity should be cultivated assiduously. A banquet of the proposed character tends to the consummation of this idea. With this end in view Dr. Albert H. Carroll, president of the Medical Alumni Association, has worked long and faithfully, and has obtained the consent of the deans of all of the departments with the exception of the Law to participate in the affair. As there is this divergence of opinion concerning the feasibility of a banquet of the proposed character, it is proposed to drop the plan for the present. This would be a calamity. As much as we desire the presence of the Law Department, their lack of participation should not cause foregoance of the idea. Every innovation must have a beginning. A successful issue comes only after many difficulties have been overcome. Therefore, boys, take heart. Let's make a beginning by having a combined medical, dental, pharmaceutical and academic banquet, and let's inform those lawyers who desire to come that they will be welcome. Certainly one large affair will do much more toward enlightening the public as to the magnitude of the University of Maryland than a number of insignificant spreads.

DR. FRANK MARTIN—CONGRATULATIONS.

The recent marriage of Dr. Frank Martin to Miss Bigelow of Boston has been the occasion of endless interest and congratulation on the part of his many friends and acquaintances, including the whole teaching and student body of the University of Maryland. Through all the years since his graduation he has been an integral and important factor in the University and the University Hospital.

His history has been one of singular devotion to his work in surgery, and that work has been of an excellence that has given him distinguished success and a prominence in his community and out of it of the first rank. Grounded in his art in his younger years by a fortunate and close association with our master surgeon, Dr. Tiffany, he has continually developed and expanded, keeping abreast with modern advance and offering by the way from time to time to the progress valuable contributions of his own.

He is a skillful, painstaking operator, thrifty, to be held, yet admirably conservative. As a teacher, he is original and forceful, direct and convincing. His medical inheritance is of a century's growth. His father's father was a conspicuous pioneer in Baltimore practice, and his father, too, was through an active life and in the last years a Maryland doctor of the old school. Through his mother, also, he brings medical tradition, and by colonial descent is related widely to representative families throughout the State.

Potentially clubbable, although little of a clubber, Dr. Martin is devoted rather to his home and friends, a delightful, genial host and companion, presenting to those of us who know him well a social quality of great attractiveness.

It is a pleasure to inscribe in the BULLETIN this word of appreciation of one of the University's most talented sons, who by every count is entitled and who has arrived.

THE DAVID STREETT MEMORIAL SCHOLARSHIP FUND

The only contribution to this fund in February was one of \$5 from Dr. H. E. Peterman. We are very grateful for this contribution. If all of Dr. Streett's pupils would contribute a like amount, we would have the amount desired in hand in a short time.

ITEMS

Dr. Charles A. Waters, class of 1911, formerly of Govans, Md., desires to announce that he has opened offices at 1100 N. Charles street, Baltimore, Md., equipped for radiographic and fluoroscopic examinations and for intensive X-ray therapy. The equipment includes apparatus for unilateral catheterization and stereoscopic pyelography; for Pirie's method of serial gastro-intestinal radiography; for upright and prone gastro-intestinal fluoroscopy, and for teleroentgenography of the heart. Consultation by appointment from 8:30 A. M. and 5-7 P. M. Telephone, Mt. Vernon 5840.

At the meeting of the Baltimore City Medical Society, Friday, March 3, 1916, Dr. John C. Hemmeyer read a paper on "The Value of Duodenal Feeding in the Preparatory Period to Gastric Operation."

Dr. Jacob H. Hartman, class of 1869, of 5 W. Franklin street, has completely recovered from his recent severe illness.

Dr. W. G. Harper, P. & S., class of 1910, of Beverly, W. Va., and Mr. E. K. Tullidge, ex-1913, came to see us recently.

The Delta Chapter of the Chi Zeta Chi Fraternity, University of Maryland, held a smoker Saturday evening, February 12, in the chapter house, 919 McCulloh street, from 8 to 11.30.

Prof. Randolph Winslow and Mr. Caleb Winslow, registrar of the medical department of the University of Maryland and the College of Physicians and Surgeons, attended the Twelfth Annual Congress on Medical Education, Public Health, and Medical Licensure, which was held in Chicago, Ill., February 7 and 8. They represented the University. The most important question under discussion was the entrance requirements.

The Eleventh Annual Meeting and Dinner of the Pennsylvania Branch of the General Alumni Association of the University of Maryland and College of Physicians and Surgeons was held at the Hotel Walton, Philadelphia, Thursday evening, March 9, at 7 o'clock.

On Tuesday, February 15, the Medical Society of the University of Maryland and the College of Physicians and Surgeons held its regular monthly meeting in Chemical Hall, University of Maryland, at 8.30 P. M. The program was most interesting and was as follows:

1. "A Year's Experience in Gall-bladder Surgery," Dr. R. P. Bay.
2. "Incidents of Service with the American Red Cross in Europe," Dr. John Spearman.
3. "Multiple Myeloma. Report of a Case." Clinical features, Dr. H. G. Beck; pathology, Dr. Standish McCleary.

A subscription dance for the benefit of the University Hospital was held at the Emerson Hotel February 25. The music was furnished by the Ideal Dance Orchestra. The patronesses were Mrs. Howard M. Towles, chairman; Mrs. Garth Clopton, Mrs. Louise H. Fehsenfeld, Mrs. Benjamin F. Hearn, Mrs. A. M. Shipley, Mrs. Henry Liebman, Mrs. Harry E. Munn, Mrs. H.

C. Davis, Mrs. J. C. Hemmeter, Mrs. William Wilkins, Mrs. T. J. Hance, Mrs. Winfield Yerby, Miss M. Cottingham, Miss E. Bartlett, Miss May H. Kerr, Miss Mildred Adams and Miss Buckingham.

Dr. Howard D. Lewis, class of 1900, announces the removal of his offices to the Normandie Apartments, 2600 Block St. Paul street, first floor. Office hours, 9-10 A. M. and 7-8 P. M. Phone, Homewood 1406.

At a recent meeting of the Montgomery County Medical Society of Dayton, O., Dr. Howard V. Dutrow, class of 1904, was elected delegate to the Ohio State Medical Association for a term of two years. Dr. Dutrow is engaged in special practice, viz.: eye, ear, nose and throat, in Dayton, Ohio.

Dr. James Clifford Perry, Surgeon, U. S. P. H. S., Class of 1885, is now on duty as Chief Medical Officer in charge of medical inspection of immigrants at Ellis Island, New York. He was formerly on duty in Washington, D. C.

Recent accessions to the Library of the University of Maryland:

Gift of Dr. Elmer Newcomer—Elder, A. Vavasour, Ship-surgeon's Handbook.

Gift of Dr. Nathan Winslow—Tyler, Samuel, Memoir of Roger Brooke Taney; McClellan, George, Regional Anatomy (in 2 vols.); Foster, Frank P., Practical Therapeutics (in 2 vols.); Jones and Sieveking, Pathological Anatomy; eight bound volumes of the Medical Review of Reviews.

Gift of Prof. W. Simon—Simon, William, Chemistry.

Gift of Messrs. W. M. B. Saunders & Co.—Dorland, W. A. Newman, Medical Dictionary; Scudder, Chas. L., Fractures; De Lee, Jos. B., Obstetrics; Anders, Jas. M., Practice of Medicine; Schamberg, Jay F., Diseases of the Skin and Eruptive Fevers; Mallory and Wright, Pathological Technique; Cabot, Richard C., Differential Diagnosis; Smith, G. Carroll, What to Eat, and Why; Da Costa, John C., Jr., Physical Diagnosis; Morrow, Albert S., Diagnostic and Therapeutic Technic; Pilcher, Paul M., Practical Cystoscopy; Kyle, Dr. Braden, Diseases of the Nose and Throat; de Schwemitz, G. E., Diseases of the

Gift of Bandler, Samuel W., Medical Gynecology; Church-Peterson, Nervous and Mental Diseases.

Gift of Mrs. Thomas Jacoby through Samuel H. Jacoby, Esq.—Trudeau, Edward Livingston, Autobiography.

Gift of Mrs. Jacoby through Samuel H. Jacoby, Esq.—Wilson, Erasmus, Anatomy (Edited by Wm. H. Gobrecht); Dalton, John C., Physiology; Schafer, Edward A., Histology; Durham, Edward K., Histology; Taylor, Seymour, Index to Medicine; Ruddeman, E. L., Materia Medica; Stevens, A. B., Pharmacy and Dispensing; Ugbert, Seneca, Hygiene and Sanitation; Greene, William H., Medical Chemistry; Daggett, Charles H., Pharmaceutical Chemistry; Cushing, A. R., Pharmacology and Therapeutics; Hare, H. A., and E. J. G. Beardsley, The Medical Complications, Acquisitions and Sequels of Typhoid Fever and Other Exanthemata; Jewett, Charles (Editor), Obstetrics by American Authors; Boyd, Stanley, Druitt's Surgery; Edwards, Arthur L., Principles and Practice of Medicine; Flint, Austin, Diseases of the Heart; Frankland and Japp, Inorganic Chemistry; Norris and Oliver, Ophthalmology; Tirard, Nestor, Medical Treatment of Disease and Symptoms; Roger, G. H., Infectious Diseases; Bruce, J. Mitchell, Principles of Treatment.

Gift of Dr. A. Jacobi—Robinson, Wm. J. (Editor), Collectanea, Jacobi (in 8 vols.)

Courtesy of the American Jewish Committee—Jews (The) in the Eastern War Zone.

Mayo Clinics—Collected papers of the 6 vols.

In addition to the above-mentioned gifts, the Library has received sixty-three (63) volumes, chiefly on the subject of chemistry, from the collection of the late Prof. R. Dorsey Coale, and a copy of Dr. Wm. S. Gardner's work on gynecology, making a total of one hundred and forty (140) accessions since January 1, 1916. All donations were properly acknowledged and recorded.

LIBRARY NOTES.

Dr. J. M. H. Rowland has generously offered to have rebound four (4) volumes of Benjamin Rush's Medical Inquiries, which he had previously presented to the Library.

Dr. Ralph P. Truitt was in the city a few days ago. For the past two years he has been making his home in Louisiana. He was on his way to visit his parents in Snow Hill, Md.

Dr. George Y. Everhart, class of 1883, of Hagerdale, Md., a prominent physician of Baltimore county and a former Speaker of the House of Delegates, has been critically ill at his home on the Windsor Mill road, near Forest avenue, with an attack of heart trouble.

Dr. Garret A. Stem, class of 1912, after 18 months' service in the American Red Cross in hospitals of General von Hindenburg's armies and Russian prison camps, has returned home. Immediately upon his return he went to see his father, near Westminster, Md., who has been ill.

After graduating Dr. Stem became an intern at the University Hospital. He was later appointed to the staff of the Hebrew Hospital. In September, 1914, the American Red Cross called a number of American surgeons for work on the European battlefields, and Dr. Stem was among the Baltimore surgeons who volunteered to go. In company with Dr. John Spearman, College of Physicians and Surgeons, class of 1912, and other American physicians, he sailed from New York.

For one year Dr. Stem was with Dr. Spearman, who returned to this city last October. Both were with the Red Cross unit assigned to von Hindenburg's command, and they experienced the campaign when Hindenburg captured a major part of Poland and Warsaw. After this campaign Dr. Stem was at Gliwicz, Galicia, where a large first line hospital was located. While there he performed and aided in hundreds of operations.

Dr. Stem is a staunch believer in German thoroughness. In his letters he described the organization of the army as wonderful. When other American surgeons decided to come home, Dr. Stem decided to see the war from the other side, so he enlisted in the American Red Cross doing work in Russia.

Armed with passports and other things of identification, he got across the border into Russia and went to Petrograd. He entered for six months' service in the Red Cross, and was assigned to work in the great prison camps at Orenburg, Siberia. Orenburg, where thousands of Austrian and German prisoners are held by the Russians, is a city of 60,000 inhabitants. It is the headquarters of the Orenburg Cossacks.

Dr. Stem found the work in the prison camps exceedingly strenuous, and after three months'

service resigned and went to Moscow. The camps are at the foothills of the Ural Mountain range, and the cold is intense. Only coarse food is furnished the prisoners. After traversing Russia Dr. Stem made his way to Bergen, Norway, where he boarded the steamer Bergensfjord for New York.

We are in receipt of the following letter from Dr. Louis Winfield Kohn, class of 1910, formerly of Scranton, Pa.:

“Philadelphia, Pa., February 24, 1916.

“Dr. Nathan Winslow, Editor:

“My dear Dr. Winslow—The November number of THE HOSPITAL BULLETIN was only a few days ago forwarded to me from my former Scanton address, and upon perusing over its contents came across an old article of mine, reprinted from the *American Journal of Surgery* and actually delivered before the Erie Surgeons' Convention at New York in 1914. I have, however, since that time ventured into a new field, dealing with the subject of gastro-enterology, and my literary work in the future will be directed more or less along such lines. An article of this nature was published only a few days ago in the *New York Medical Journal*. The kind interest which you seemingly take in the work of former students connected with the ‘old school’ is to be commended, and I can assure you personally appreciated. I am now located at 1402 Spruce street, this city, and you will therefore kindly address my BULLETINS in the future to this address. With my best wishes, I am,

“Yours very sincerely,

“LOUIS WINFIELD KOHN.”

The University Hospital is supplying the physicians with subscription blanks with the University Hospital, Lombard and Greene streets, Baltimore, Md., on them. This is an innovation and shows a spirit of progress. It is a splendid idea, and we congratulate the originator.

In recognition of the many books and treatises Dr. John C. Hemmeter, professor of physiology and clinical medicine, has written on diseases of the stomach, he has been honored by election as a Fellow of the Royal Society of Arts of England, of which the King of England is honorary president and the Duke of Connaught is active president.

His “History of Medicine” also brought special recognition from the society, and his work with the X-ray for the recognition of diseased conditions of the stomach and intestines is highly regarded. He is also a Fellow of the American Association for the Advancement of Science, a member of the Physiological Society of Germany, of the Imperial German Academy of Natural Sciences, of the Imperial Association of Austrian Physicians and of the Acadmai di Scienza of Palermo.

Dr. Hemmeter was notified of his election a few days ago. This is a high honor for him, and he has been warmly congratulated by his friends.

It is interesting to learn that Senator James of Kentucky has introduced in the Senate the bill recently offered in the House, directing that Colonel Louis Marvin Maus, Medical Corps, U. S. A. (retired), class of 1874, be placed on the retired list with the rank of brigadier-general. Colonel Maus, who has the distinction of having served longer than any other officer in the Medical Corps of the Army, was born in Baltimore, and is now secretary of the Kentucky Tuberculosis Commission, with headquarters at Frankfort. He entered the Medical Corps in 1874, and was given a medal of honor by Congress for bravery in an expedition against the Indians in the latter seventies. He was one of the men who helped clean up Havana, and later he was detailed to the Philippines to suppress the epidemic of bubonic plague.

Dr. Ridgely B. Warfield, class of 1884, has returned from Boston, where he attended the wedding of Dr. Frank Martin and Miss Elizabeth Prescott Bigelow on March 1.

The thirteenth annual meeting of the Maryland State Association of Graduate Nurses was held at the Medical and Chirurgical Library, 1211 Cathedral street, on Friday, January 28. Miss E. M. Lawler, president, in the chair.

Miss Anna G. Goodrich, president of the American Nurses' Association, gave a talk on “State Registration.” Miss Mallalien read a paper on “Private Duty Nursing,” and Miss French discussed the “Johns Hopkins School and Convalescent Home.” Miss Grace Barclay, who went to France with other Maryland nurses as part of a Red Cross detachment, rendered an account of her experiences from the time she left

Baltimore until she returned. This was very interesting.

The same series of the Training School attended in 1916.

A reception was held and refreshments were served.

Officers elected for the year were: President, Miss C. M. Lawler, Johns Hopkins; first vice-president, Miss James Nash, Baltimore; second vice-president, Miss M. H. Sullivan, University of Maryland; secretary, Miss E. J. Taylor, Johns Hopkins; treasurer, Miss E. C. Lee, University of Maryland.

Mr. J. Cyril Eby of the senior medical class has just received a postal from Mr. J. Bruce Arnold, Jr., ex-1915, which is as follows:

"Hello, Cyril! I was in the Balkans. Had a great time in Serbia. Was captured by the Germans, escaped, and am now back with the Allies again. In Paris on a two days' leave and having a great time. Drop me a line care of the American Embassy, Paris.

"ARNOLD."

Dr. Richard Grady, B. M. C., class of 1888 (dentist), of the United States Naval Academy, has returned from a visit to Florida.

Dr. Joseph I. France, P. and S., class of 1903, who recently announced his candidacy for the Republican Senatorial nomination, has opened headquarters in the Maryland Trust Building, Baltimore.

The first of a series of entertainments for the members of the senior class of the University of Maryland and the College of Physicians and Surgeons was held Thursday evening, February 18, at the home of Dr. John C. Hemmeter, 739 University Parkway. Twenty-five students were present.

Rev. Dr. Julius Hoffman delivered a lecture to the young men on "Advantage of the German Language in Medicine." He spoke of the rapid rise of the student of medicine following the learning of the language and of our large German population, one-fifth of the entire population of the United States. Dr. Hemmeter addressed the gathering on "Music and Medicine," speaking of the value each had to the other in making the life of a man a success. The eighth symphony of Beethoven, with interpretations, was rendered

by Dr. Arthur Odum. Refreshments were served the gathering.

Dr. Hemmeter has made a life study of the anatomical and physiological foundations of music and vocal technique, and described the manner of coordination between various muscles and nerves in the production of tone, the conduction paths for hearing in the brain.

The following appointments of our fourth-year men have been made: J. T. Hennessy, an intern at St. Joseph's Hospital, Syracuse, N. Y.; G. C. Carter, an intern at the Boston Marine Hospital, Boston, Mass., and H. M. Wellman, an intern at the Western Pennsylvania Hospital, Pittsburgh, Pa.

We are in receipt of the following circular letter:

University of Maryland
School of Medicine
and

College of Physicians and Surgeons
Baltimore, Md.

"February 25, 1916.

"My Dear Doctor:

"In April Dr. Randolph Winslow will have completed his twenty-fifth year as a member of the Major Faculty of the University of Maryland. Recently a sentiment has crystallized among the instructors in the above institution to celebrate this anniversary in a suitable manner. The movement was started formally through the Executive Committee of the Adjunct Faculty, and it has been decided to tender Dr. Winslow a dinner on or about the 28th of April, this dinner to be held at the Hotel Belvedere, subscriptions to be ten dollars (\$10) a plate. It was the sense of the committee that it would be appropriate at this time to present a testimonial to Dr. Winslow.

"Your interest in the University of Maryland assures us that you will do everything in your power to make this occasion a success by not only subscribing, but also by using your influence in order to make the gathering as representative as possible.

"Enclosed you will find a subscription blank, which we trust you will sign and return at once. A check may be sent on or before April 15.

"Yours sincerely,

"W. P. STUBBS, M.D.,

"Chairman."

Prof. Randolph Winslow has been connected with the teaching force of the University of Maryland since 1873, now a period of 43 years, during which time by precept and example he has influenced and moulded the characters of innumerable youths who have come under his supervision, and during the same time he has labored incessantly and unselfishly for that which he thought would create a larger and better University of Maryland. It is, therefore, appropriate that his friends, colleagues and students should by outward manifestation celebrate the completion of a praiseworthy service of a quarter of a century, rigorously and undeviatingly devoted to the University.

THE BULLETIN, on behalf of its subscribers, congratulates Professor Winslow upon the completion of so active a service, and furthermore fervently wishes him many more years of activity.

Dr. A. B. Mitchell, class of 1877, writes us as follows:

"Monkton, Md., February 17, 1916.
"The Hospital Bulletin,
 "608 Professional Bldg.,
 "Baltimore, Md.:

"Gentlemen—Having been so agreeably entertained and rested as well after a hard day's driving over our rough roads, I take pleasure in saying that the articles presented in the February 15 issue of THE HOSPITAL BULLETIN have surely been well chosen.

"I shall mark the copy for reference when similar cases may come to my attention, not forgetting to apply to myself some of the sentiments set forth in the classical production of Dr. Ridgely B. Warfield.

"Yours very truly,
 "A. B. MITCHELL."

Dr. Edgar Williams Young, B. M. C., class of 1911, is located at McKenney, Va.

Dr. Jose L. Hirsh, class of 1895, has been visiting in Richmond, Va. He stopped at the Hotel Jefferson.

MARRIAGES

Dr. Frank Martin, class of 1886, professor of operative and clinical surgery, University of Maryland, of Baltimore, Md., was married to

Miss Elizabeth Prescott Bigelow of Boston, Mass., March 1, 1916. The ceremony was performed at 3 o'clock P. M. at Trinity Protestant Episcopal Church, Copley Square, Boston, by the Rev. Dr. Mann in the presence of the members of the two families and a few friends. The wedding was very quiet, owing to the recent death of the bride's brother. A small reception followed at the town house of Mr. and Mrs. Bigelow on Marlboro street.

The bride was given in marriage by her father, and had as her only attendant Miss Hope Malcolm of New York. Mr. Theodore R. Hoyt of Stamford, Conn., was Dr. Martin's best man; Mr. W. W. Keith and Dr. Ridgely B. Warfield of Baltimore, who were to have been ushers had the original plans for the wedding been carried out, attended the ceremony. Dr. and Mrs. Martin will spend several weeks at Palm Beach, and on their return will occupy their residence, 1000 Cathedral street. The bride is an expert horsewoman, and since her debut several years ago has been a prominent figure in society. She is a member of the Sewing Class of 1912, and has taken an active part in charities centering around settlement work. Dr. Martin, who is one of the leading surgeons of this country, belongs to the distinguished Maryland family of that name, and is a member of a number of clubs. The bride has visited here as the guest of Dr. Martin's nieces, Miss Anne W. Martin and Miss Ruth L. Martin, at their home in Roland Park, and has a host of friends in Baltimore.

DEATHS

Dr. J. McKendra Kemp, class of 1861, one of the best known physicians on the Western Shore of Maryland, died at the Johns Hopkins Hospital, after an illness of more than a month, February 17, 1916, aged 80 years. Death was due to heart trouble, superinduced by an operation, by which one of his legs was amputated.

Born at Black Rock, Md., 80 years ago, Dr. Kemp received his early education in the public schools of the State. Later he entered the medical school of the University of Maryland, and was graduated from that institution in the year the Civil War was declared. He enlisted as surgeon in the Union Army, and remained until the close of the war. During the years following the struggle Dr. Kemp resided in one of the little towns of Virginia. About six years ago he went

in Williams, Mass., since 1902, and established a small practice.

Dr. Kemp is survived by four sons and four daughters.

Dr. Oscar E. Korman, College of Physicians and Surgeons, class of 1885, of Gaithersburg, Md., one of Montgomery county's leading physicians, died in a hospital in Washington, D. C., February 12, 1916, aged 67 years.

Dr. William A. Marbury, class of 1867, formerly of Woodville and Aquasco, Md., died at the home of his sister in Laurel, Md., February 3, 1916, aged 74 years.

Dr. Walter H. Mayhew, class of 1901, of Sabillasville, Md., formerly demonstrator of histology and embryology in his alma mater, died in Baltimore, December 13, 1915, from pulmonary tuberculosis, aged 37 years.

Dr. Rufus H. Smith, College of Physicians and Surgeons, class of 1877, a retired practitioner and capitalist, who had resided in Seattle since 1890, for six years local surgeon of the Great Northern and Columbia and Puget Sound railroads; a member of the Legislature from King county, and president of the Senate in 1903, died in the Seattle General Hospital February 12, 1916, aged 64 years.

Dr. Charles L. Wachter, College of Physicians and Surgeons, class of 1884, a member of the Medical and Chirurgical Faculty of Maryland, a member of the Frederick County School Board and director of the Thurmont Bank, died at his home in Sabillasville, Md., February 3, 1916, aged 60 years.

Dr. Joseph B. Follmer, College of Physicians and Surgeons, class of 1884; a member of the Medical Society of the State of Pennsylvania; school director and member of the Board of Education of Berwick, Pa., for many years, died at his home in Berwick January 31, 1916, aged 56 years.

Dr. Paul Rider, College of Physicians and Surgeons, class of 1911, a Fellow of the American Medical Association, and a practitioner of Wardsensville, W. Va., died at the home of his wife's parents in Morgantown, W. Va., February 1, 1916, from myocarditis, aged 31 years.

Dr. James M. Henry, Howard, class of 1880, of Baltimore, Md., a Confederate veteran; quarantine officer of Baltimore in 1881 and 1882, died at the Johns Hopkins Hospital, Baltimore, January 30, 1916, from heart disease, aged 76 years.

Dr. James F. Hughes, class of 1860, surgeon in the Confederate service during the Civil War and thereafter a practitioner of Allegany county, Virginia, died at his home in Clifton Forge, Va., January 3, 1916, aged 81 years.

Dr. Frederick Lawford, class of 1900; a member of the Medical Society of Virginia; surgeon in the Norfolk & Southern Railway and Berkley Street Railway, proprietor of the Lawford Hotel and Hospital, Berkley, Norfolk, Va., died at his home in Norfolk, January 24, 1916, from pneumonia, aged 40 years.

Dr. William G. Bradshaw, College of Physicians and Surgeons, class of 1881; postmaster of High Point, N. C.; a druggist, banker and furniture manufacturer, died at his home January 19, 1916, from cerebral hemorrhage, aged 60 years.

Dr. R. C. Buck, class of 1874, of Bristow, Va., died at his residence in that place February 1, 1916, aged 65 years. Dr. Buck was born in Warren county, Virginia, in 1851. After graduating he located in Fauquier county, Virginia, where he practiced many years with great success. A few years ago he moved to Prince William county, but for several years he has been in failing health and not in active practice.

He was a man of high moral and professional standing, and belonged to the school of old-time country practitioner, being most successful in his work, which covered a wide territory and required unusual labor. He was well equipped in his profession, and kept pace with the progress of medicine in all of its ramifications. He was a loyal alumnus of the University of Maryland, and recommended many students to the University. He was the father of six boys and two girls, all of whom are grown. THE BULLETIN extends its sympathy to his family.

Dr. William Edward Moseley (Harvard, 1874), F. A. C. S., professor of gynecology in the Baltimore Medical College from 1897 to 1909, died at his residence, 614 N. Howard street, Bal-

timore, February 10, 1916, from cancer, aged 67 years.

Dr. Moseley, son of Charles Benjamin and Emeline (Foster) Moseley, was born at Peter-sham, Mass., May 22, 1848. His elementary education was acquired in the public schools of Medford, Mass., which he attended until the age of 15 years, and then accepted a position with the firm of Gardner Brewer & Co., in Boston. Later he entered the employ of C. F. Hovey & Co., in their wholesale department. From his earliest years he had been of a studious disposition, and during the time spent in the various business positions he continued his studies in his spare time, and when he left the last-mentioned firm in 1867, he entered Antioch College, at Yellow Springs, O., and remained there three years. As he was obliged to earn the money necessary for his college expenses, his health became impaired in 1870 by too close application to work and study. He returned to Boston for a time, then matriculated at the Harvard Medical School in September, 1870, becoming a member of the first class that voluntarily adopted a three years' course. While there he acted as assistant to Dr. Clement Walker, who was at the time superintendent of the Boston Lunatic Hospital, and a part of his time was spent in charge of the Pauper Hospital, on Rainsford Island. Dr. Moseley served as intern in the Massachusetts General Hospital during 1873-74, and as assistant to Dr. George C. Shattuck in the Good Samaritan Hospital and in his private dispensary. He was graduated with the degree of Doctor of Medicine in 1874, and immediately removed to Baltimore, where he established himself in practice. He soon took an especial interest in cases of a gynecological nature, and determined to make a specialty of this branch of the medical profession. In order to obtain the largest amount of experience in this field of surgery, he served during the hospital year 1880-81 as a member of the staff of resident physicians of the New York Woman's Hospital. Prior to 1894 he served for several years as gynecologist to the Union Protestant Infirmary in Baltimore, and then established a private sanitarium for the treatment of cases of this nature, and also served as gynecologist to St. Agnes Sanitarium.

In 1897 the Baltimore Medical College elected him professor of diseases of women, and he was appointed gynecologist to the Maryland General Hospital. He held both these positions until

January, 1909, at which time he resigned and was made emeritus professor. He had been honored with a number of appointments to office, which clearly indicate the high value placed upon his services by the medical fraternity. Among these are the following: President of the Gynecological and Obstetrical Society of Baltimore, the Clinical Society of Maryland and the Alumni Association of the New York Woman's Hospital; president of the Harvard Club of Maryland; member of the American Medical Association, Medical and Chirurgical Faculty of Maryland, the American Gynecological Society, the Harvard Medical Alumni Association, the Maryland Historical Society and the Civil Service Reform Association. He was also a member of the University, Johns Hopkins and Harvard Clubs of Baltimore, and was a charter member of the Baltimore Country Club.

Dr. George Lane Taneyhill, Sr., class of 1865, of 1103 Madison avenue, Baltimore, died at his residence, after a week's illness from heart disease, March 2, 1916, in his 76th year.

Dr. Taneyhill was one of the most prominent physicians of the city, and one of the most beloved. He was the son of the Rev. Thomas Taneyhill, and was born at Bellefonte, Center county, Pennsylvania, March 11, 1840. He graduated with the degree of A.B. from Dickinson Seminary, Pennsylvania, in 1858; A.M., Dickinson College, 1882; taught school until 1863, when he became a pupil of Dr. John F. Petherbridge of Calvert county and Professor McSherry. In 1865 he graduated with the degree of M.D. from the University of Maryland. Although he had not graduated at the time, he served as an acting assistant surgeon in the Civil War, and was attached to the Eleventh Maryland Regiment. He served as assistant physician to the Maryland Hospital for the Insane from 1865-1868, president of the Baltimore Medical Association from 1874-1875, school commissioner of the Twelfth Ward, on the Pension Examining Board, vice-president of the Baltimore Obstetrical and Gynecological Society, physician to St. Andrew's Society, a founder of the Maryland Academy of Sciences and recording secretary of the Medical and Chirurgical Faculty from 1882-1894.

He is survived by his widow, Mrs. Caroline Taneyhill; a son, Dr. G. Lane Taneyhill, Jr., and a daughter, Miss Ruth Taneyhill.

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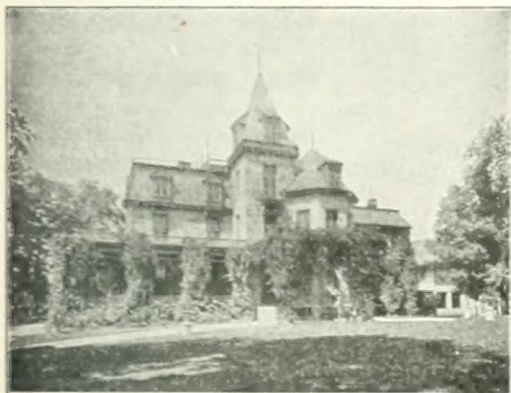
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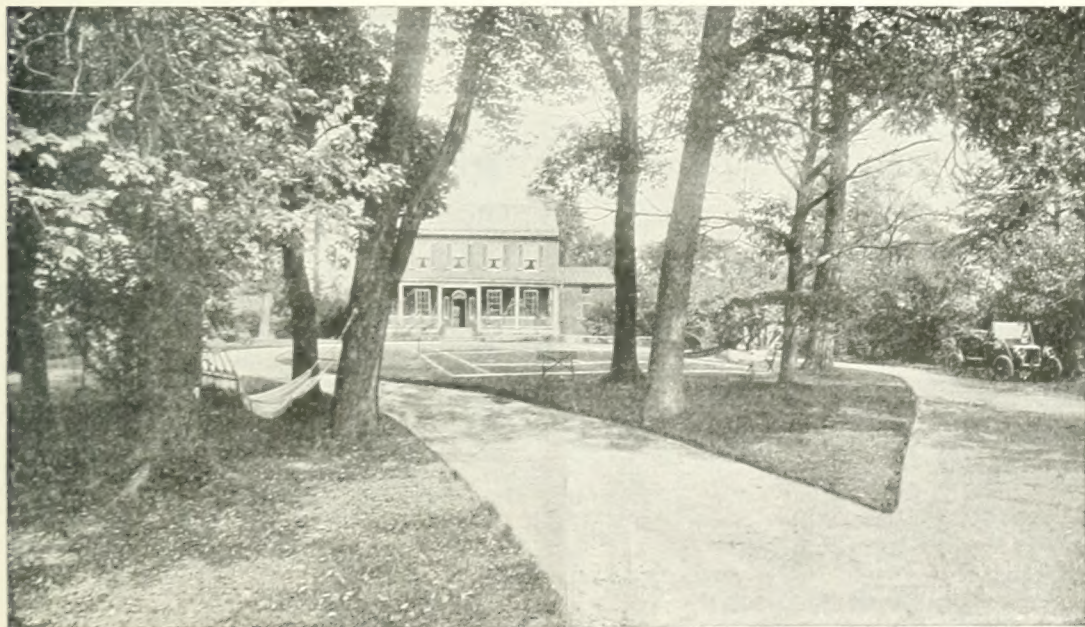
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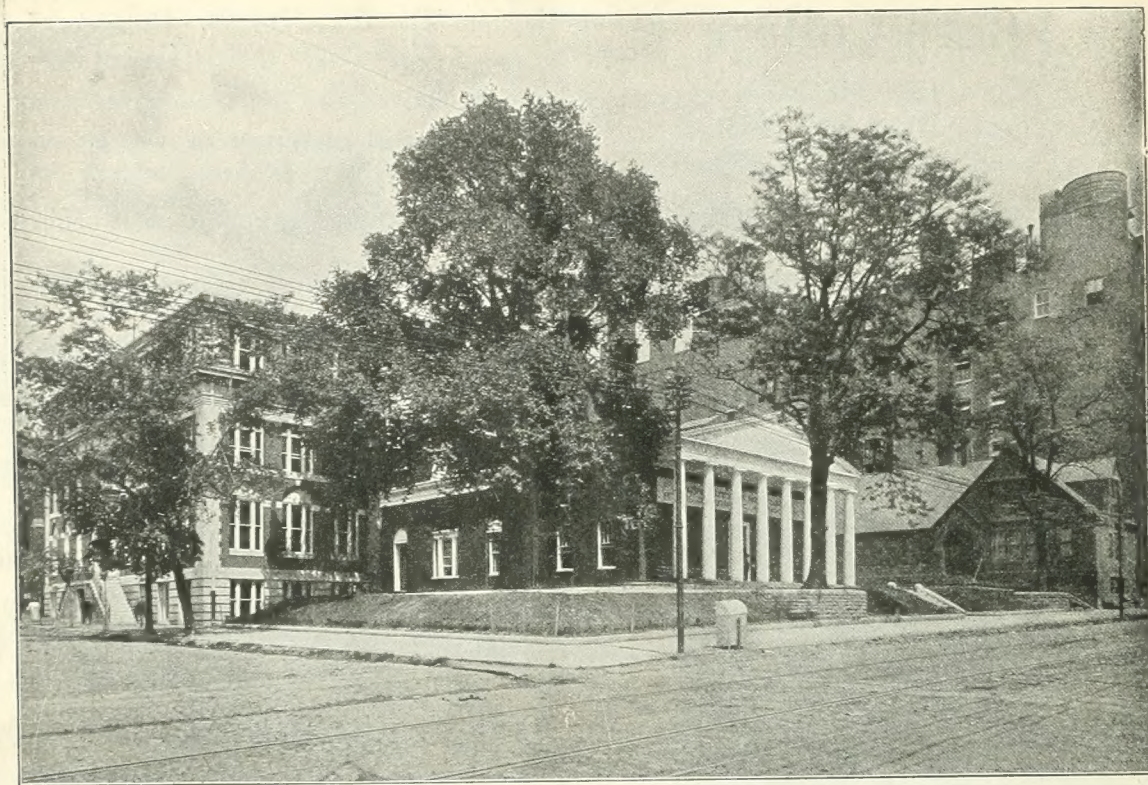
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